PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/893,748			ing Date 29/2001	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A		N/A		1	N/A		
SEARCH FEE (37 CFR 1 16(k), (f), or (m))			N/A		N/A		N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A		N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		٠		X \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		•		X \$ =			X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE i	sheets of pap s \$250 (\$125 additional 50 :	er, the applic for small ent sheets or frac	wings exceed 100 ation size fee due tity) for each ction thereof. See 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(j))									1			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL		
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAMS HIGHEST												
AMENDMENT	04/12/2011	REMAININ AFTER AMENDME		NUMBER PREVIOUSI PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	- 44	Minus	52	= 0	П	X \$ =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	· 7	Minus	···11	- 0	П	X \$ =		OR	X \$220=	0	
	Appfication Size Fee (37 CFR 1:16(s))											
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAININ AFTER AMENDME	vG	HIGHEST NUMBER PREVIOUS PAID FOR	PRESENT LY EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 16())		Minus	**	-	П	x s =		OR	x s =		
N	Independent (37 CFR 1.16(h))		Minus	***	-	П	X \$ =		OR	x s =		
III	Application Size Fee (37 CFR 1.16(s))					П						
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))								OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL ADD'L FEE		
***	** If the *Highest Number Proviously Faid For *N THIS 8: AGE to lose than 20, onlist *20". *** If the *Highest Number Proviously Faid For *N THIS SPACE is less than 3, enter '3". *** If the *Highest Number Proviously Paid For *N THIS SPACE is less than 3, enter '3".											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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